### **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0583	1	Missoula Elem		32	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	Further, the same of addition, similar type notified of any accou	reements to which costs that have been es of costs have be	they are allo en treated as een accounto	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		215 South 6th W		Zip Code
Timed Name of A	dinorized Official		-		•
Title			Missoula  Date	0	9801
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

### **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level	
0584	1	Missoula H S	32	HS	
Proposed Restric	ted Indirect Cost Ra	te% (Roo	und to nearest hundredth (	X.XX%) of a percent.)	
	e submitted for the el	with one copy of each applementary and high schoo			
This is to certify that knowledge and believed		indirect cost rate proposa	I submitted herewith and	I to the best of my	
allowable in accorda A-87, "Cost Principle	ance with the requirer es for State and Loca	establish the final indirect of ments of the Federal awar I Governments." Unallow ermined Indirect Cost Allo	d(s) to which they apply able costs have been a	and OMB Circular	
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	between the expense plicable requirements ned as direct costs. In the library will be the properties of the costs of the library will be the costs.	properly allocable to Feders incurred and the agreem . Further, the same costs and addition, similar types of a notified of any accounting errect.	nents to which they are a that have been treated costs have been accou	allocated in as indirect costs nted for consistently	
	ct Superintendent o		eet Address or P.O. Bo	ОХ	
Printed Name of A	uthorized Official	215 Cit	South 6th West	Zip Code	
Timed Name of A	utilonized Official			•	
Title		M <sub>1</sub>	ssoula <b>te</b>	59801	
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTENDI	ENT OF PUBLIC INSTR	UCTION BY:	
Ар	proved Rate for FY2		te Approved		
		,i			

## CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0586	4	Hellgate Elem		32	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.				-	
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply an ve been adjus	d OMB Circular	
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are protective the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the aging Further, the same of addition, similar type notified of any accounts.	reements to which osts that have been so of costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			2385 Flynn Lane			
Printed Name of A	uthorized Official		City		p Code	
			Missoula	59	9802	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:	
Арі	proved Rate for FY20	04	Date Approved			
		İ	Signature			

### **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0588	7	Lolo Elem		32	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vote submitted for the electrical of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the i ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allowed they are allowed they are allowed they are allowed to the are allowed to	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		11395 Highway 9 City		Zip Code
			Lolo	5	59847
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

## CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501		Due May 31, 2004				
Legal Entity #	School Dist. #	School Name	County	Level			
0589	11	Potomac Elem	32	EL			
Proposed Rest	ricted Indirect Cost Ra	<b>te</b> % (Rou	and to nearest hundredth (2	X.XX%) of a percent.)			
application shoul		with one copy of each app ementary and high schoo					
This is to certify t knowledge and b		indirect cost rate proposa	submitted herewith and	I to the best of my			
allowable in acco	rdance with the requirent ciples for State and Local	stablish the final indirect on nents of the Federal awar I Governments." Unallow ermined Indirect Cost Allo	d(s) to which they apply able costs have been ac	and OMB Circular			
casual relationsh accordance with have not been cla and the Office of predetermined ra	ip between the expenses applicable requirements aimed as direct costs. In Public Instruction will be te.	properly allocable to Fedes incurred and the agreem . Further, the same costs addition, similar types of anotified of any accounting	nents to which they are a that have been treated costs have been account	allocated in as indirect costs nted for consistently			
	foregoing is true and co	rrect					
•	foregoing is true and co strict Superintendent or		eet Address or P.O. Bo	)X			
Signature of Dis Chairperson		r Board Str		рх			
Chairperson		r Board Str	'50 Potomac Road	Zip Code			
Chairperson	trict Superintendent o	r Board Str 297 City	'50 Potomac Road				
Chairperson	trict Superintendent o	r Board Str 297 City	750 Potomac Road Y	Zip Code			
Printed Name of	trict Superintendent o	Preserved Str. 297 City Bord Dari	750 Potomac Road Y	Zip Code			
Chairperson  Printed Name of  Title  Send of	Authorized Official  completed form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	Preserved Str. 297 City Bord Dari	750 Potomac Road  y nner  te	<b>Zip Code</b> 59823			
Chairperson  Printed Name of  Title  Send of	Authorized Official  completed form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	r Board Str  297 City Bor Date  1 and Budgeting struction 0-2501  DR THE SUPERINTENDE	750 Potomac Road  y nner  te	<b>Zip Code</b> 59823			

## CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501		Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level		
0590	14	Bonner Elem		32	EL		
Proposed Rest	ricted Indirect Cost Rat	<b>e</b> % (Ro	und to nearest h	undredth (X.)	XX%) of a percent.)		
application shoul	: Complete and submit v d be submitted for the ele proval of your rate.						
This is to certify t knowledge and b	hat I have reviewed the intelligent	ndirect cost rate proposa	l submitted her	ewith and to	o the best of my		
allowable in acco	ided in this proposal to es ordance with the requirem ciples for State and Local d in the attached Predete	nents of the Federal awar Governments." Unallow	d(s) to which that able costs have	ney apply a e been adju	nd OMB Circular		
casual relationsh accordance with have not been cla	ided in the proposal are p ip between the expenses applicable requirements. aimed as direct costs. In Public Instruction will be	incurred and the agreer Further, the same costs addition, similar types of	nents to which that have bee costs have be	they are alle n treated as en accounte	ocated in s indirect costs ed for consistently		
•		·	g changes ma	. would allo	ct the		
I declare that the Signature of Dis	ite.  foregoing is true and corstrict Superintendent or	rect.	eet Address o				
I declare that the	foregoing is true and cor	rect. Board Str	-				
I declare that the Signature of Dis Chairperson	foregoing is true and cor	rect. Board Str	reet Address o	or P.O. Box			
I declare that the Signature of Dis Chairperson	foregoing is true and cor strict Superintendent or	Board Str	reet Address o	or P.O. Box			
I declare that the Signature of Dis Chairperson	foregoing is true and cor strict Superintendent or	Board Str	reet Address o x 1004 y nner	or P.O. Box	Zip Code		
I declare that the Signature of Dis Chairperson  Printed Name of Title	foregoing is true and cor strict Superintendent or	Board Str Bo Cit Bo Da and Budgeting truction	reet Address o x 1004 y nner	or P.O. Box	Zip Code		
I declare that the Signature of Dis Chairperson  Printed Name of Title  Send of	foregoing is true and corstrict Superintendent or  f Authorized Official  completed form to: School Accounting Office of Public Inst PO Box 202501	Board Str Bo Cit Bo Da and Budgeting truction	x 1004 y nner te	or P.O. Box	<b>Zip Code</b> 59823		
I declare that the Signature of Dis Chairperson  Printed Name of Title  Send of ACCEPT	foregoing is true and constrict Superintendent or  f Authorized Official  completed form to:     School Accounting     Office of Public Inst     PO Box 202501     Helena, MT 59620	Board Str Bo Cit Bo Da  and Budgeting truction  -2501  DR THE SUPERINTENDITED	x 1004 y nner te	or P.O. Box	<b>Zip Code</b> 59823		

## CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501	Due M	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level		
0591	18	Woodman Elem	32	EL		
Proposed Restric	cted Indirect Cost Rate	e% (Round to ne	earest hundredth (X.)	XX%) of a percent.)		
	be submitted for the ele	rith one copy of each application ementary and high school district				
This is to certify the knowledge and bel		ndirect cost rate proposal submit	ted herewith and to	o the best of my		
allowable in accord A-87, "Cost Princip	lance with the requirem les for State and Local	tablish the final indirect cost rate ents of the Federal award(s) to Governments." Unallowable co rmined Indirect Cost Allocation -	which they apply a sts have been adju	nd OMB Circular		
casual relationship accordance with ap have not been clair and the Office of P predetermined rate	between the expenses oplicable requirements. med as direct costs. In ublic Instruction will be	roperly allocable to Federal awa incurred and the agreements to Further, the same costs that ha addition, similar types of costs hotified of any accounting changerect.	which they are allowed been treated as ave been account	ocated in s indirect costs ed for consistently		
Signature of Distr	ict Superintendent or		dress or P.O. Box			
Chairperson		18470 Hig	nway 12 West			
Printed Name of A	Authorized Official	City	•	Zip Code		
Title		Lolo	5	9847		
		Lolo Date	5	9847		
	mpleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction	5	59847		
Send cor	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction				
Send cor	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting ruction -2501 R THE SUPERINTENDENT OF Date Appro	PUBLIC INSTRU			

### **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0592	20	DeSmet Elem		32	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vote submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the integration in the integral to the integ	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which tallowable costs have	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	Fincurred and the ag Further, the same of addition, similar type notified of any account	reements to which costs that have beens of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		6355 Padre Lane City		Zip Code
			Missoula	5	9808
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ap	proved Rate for FY20	004	Date Approved		
			Signature		

## CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0593	23	Target Range Elem		32	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	(X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply an ve been adjus	d OMB Circular	
casual relationship is accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are protective the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the aging Further, the same of addition, similar type notified of any accounts.	reements to which osts that have been so of costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently	
	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			4095 South Aven	nue West		
Printed Name of A	uthorized Official		City	Z	ip Code	
			Missoula	59	9804	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
		İ	Signature			

### **CERTIFICATION FOR INDIRECT COST RATE**

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0594	30	Sunset Elem		32	EL
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest h	nundredth (X.	XX%) of a percent.)
	Complete and submit vote submit vote submitted for the electrical power of the contract of the				
This is to certify tha knowledge and believed.	t I have reviewed the i ef:	indirect cost rate prop	oosal submitted he	rewith and t	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to example ance with the requirence so so the state and Local at the attached Predeternce to the stacked by	nents of the Federal a I Governments." Una	award(s) to which allowable costs have	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are potential between the expenses plicable requirements and as direct costs. In ablic Instruction will be regoing is true and co	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have been ses of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 344 City		Zip Code
			Greenough	5	59836
Title			Date	 	
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

## CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level
0595	32	Clinton Elem		32	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			PO Box 250		
Printed Name of A	uthorized Official		City	Z	ip Code
			Clinton	5	9825
Title			Date	<u> </u>	
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

## CERTIFICATION FOR INDIRECT COST RATE

PO Box 202501 Helena, MT 59620-2501					
Legal Entity #	School Dist. #	School Name		County	Level
0596	33	Swan Valley Elem		32	EL
Proposed Restri	cted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the elework roval of your rate.				
This is to certify the knowledge and be	at I have reviewed the ir lief:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem bles for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with a have not been clai and the Office of P predetermined rate	ed in the proposal are poset between the expenses oplicable requirements. In the distribution will be expensed by the contract of the contract	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allower treated as een account	ocated in indirect costs ed for consistently
	rict Superintendent or		Street Address of 6423 Highway 83		
Printed Name of	Authorized Official		City		Zip Code
			Condon	5	9826
Title			Date		
Send co	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
A	oproved Rate for FY20	04	Date Approved		
			Signature		

### **CERTIFICATION FOR INDIRECT COST RATE**

Due May 31, 2004				
School Name	County	Level		
Seeley Lake Elem	32	EL		
% (Round to nea	arest hundredth (X.	XX%) of a percent.)		
		•		
direct cost rate proposal submitte	ed herewith and t	o the best of my		
ents of the Federal award(s) to w Governments." Unallowable cost	hich they apply a ts have been adju	nd OMB Circular		
incurred and the agreements to v Further, the same costs that hav addition, similar types of costs ha	which they are all te been treated as ave been account	ocated in s indirect costs ed for consistently		
	Street Address or P.O. Box			
City		Zip Code		
Seeley Lake	,	59868		
		,0000		
Date				
nnd Budgeting uction				
and Budgeting uction	PUBLIC INSTRU			
and Budgeting uction 2501				
	th one copy of each application to mentary and high school district.  direct cost rate proposal submitted ablish the final indirect cost rate ents of the Federal award(s) to we dovernments." Unallowable cost mined Indirect Cost Allocation - Street and the agreements to we for the same costs that have addition, similar types of costs have addition, similar types of costs have the cost of the same costs that have addition and the agreements to we for the same costs that have addition and accounting change ect.  Street Addition PO Box 840  City			

## CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 Jelena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0599	40	Frenchtown K-12 S	chools	32	K12	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)	
	Complete and submit wo be submitted for the electory over the electory over the community of the community of the community over the community over the community over the community over the community over the community over the community over the community over the community over the community over the community over the community over the community over the community over the community over the community over the community of the community over the community over the community over the community over the community over the community over the community over the community over the community over the community over the community over the community of the community over th					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my	
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate.		incurred and the aging Further, the same of addition, similar type notified of any accounts.	reements to which osts that have been so of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently	
I declare that the foregoing is true and correct.  Signature of District Superintendent or Board			Street Address or P.O. Box			
Chairperson			PO Box 117			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Frenchtown	5	59834	
Title			Date			
Send con	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			